Δ	n ali	cation	or I	Docke	ΝL	"imil	Š.
E	wwn	waner:	V, L			SHOWN	٠

## PATIENT APPLICATION FEE DETERMINATION RECORD

20 Substitute of the state of t	ive Januaryn!, 2003			and the second		
CLAIMS AS	SFILED - PART I (Column 1) - (Column		SMALLENTITY	• OR	OTHER SMALL	
TOTAL CLAIMS			RATE / Vige		3.2	oree \
FOR	NUMBER FILLED: NUMBER	EXTRAX	BASIC FEE . 375	00 OR	BASIC FEE	750 00 d
TOTAL CHARGEABLE CLAIMS	;minus 20= ***;		. X\$:9=	∳∦OR	X\$1,8≑	
INDEPENDENT CLAIMS MULTIPLE DEPENDENT CLAIM P	minus3.≐ ≨m. RESENT		X42=-1	OR	X84=∵•	
			+140≝ / .	OR	.4280≒	
*If the difference in column 1 is		umn 2	TOTAL	OR	TOTÂĻ	
CEAIMS AS A (Columna)	MENDED - PART (II (Column 2) (Column 2)	Column 3) 🐠	SMALL ENTIT	<b>Y</b> OR	OTHER SMALLE	S. Marian S. C. Strate Co. Strate Co. S. C. Strate Co. S. C. Strate Co. S. C. Strate Co. S.
CLAMSI REMAINING ARTER AMENDMENT		PRESENT LEXTRA	ADE PATE TION	AL I	RATE	ADDI- FIONAL FEE
O Floral	Minus :		X\$'9=	OR	¥X\$18≜`.	
Independent :	MINUS 4		X42=	G OR	. X84≡ į	
See 12. The see 12			+140=   -	‡ OR:	+280≝	
			TOTAL ADDIT FEE	OR.	T. TOTAL ADDIT: FEE	
((Columni)	HIGHEST	Column(3)	. ADE			ADDI-
REMAINING AFTER AMENDMENT	NUMBER PRÉVIOUSLY PAID FOR	PRESENT EXTRA	RATE TION	AL :	RATE	TIONAL FEE
Total	Minus. **		X\$.9≡	OR	X\$18≝	
Independent +	Minus: ++++		* X42=	ØR	1.X84=	
IFIRS IRRESENTATION OF M	UNTIPLE DERENDENT GLAIM		+1/4/0= ↑	OR:	+28 <u>0</u> =	
			TOTAL ADDIT FEE	OR.	TOVAL Addir Fee	
(Column I)	(Column 2)	Column 3)				
© REMAINING PARTER	Alighesis Inumber Previously	PRESENTA P	ADD RATE TION		RATE	ADDI- TIONAL
AMENDMENT  AMENDMENT  Total	// PAID FOR: //					
REMAINING ARTER AMENDMENT Total Independent	Minus Minus A				LX\$18=)	
FIRST PRESENTATION OF M	Ultiple dependent claim				84 P	
្នាក់ if the entity in column d is less than	the entry in column 2 . Wite 10 hin colu	mn.3.	#140=4	e Or	#+280≝+ Total	
" trithe "Highest Number Previously F	aidiFor" IN THIS SPACE IS less man aid For" IN THIS SPACE IS less man	20 enter "20 ."	TOTIAL ADDIT FEE		TOTAL ADDIT REE	

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